

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16986

State File No.

Registrar's No. 2381

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

- (a) County Jackson
(b) City or town K.C. Mo.
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 min. (Specify whether years, months or days)

In this community 28 min.

3. (a) PRINT FULL NAME Betty Mild Hunt

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased 5-25-43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 hr. 28 min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation new born

11. Industry or business

12. Name Paul Delton Hunt

13. Birthplace Richmond Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lora Louise Davis

15. Birthplace Blue Rapids Kans.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Hunt

(b) Address 4527 State Line

17. (a) General (b) Date thereof May 26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Rapids, Kansas

18. (a) Signature of funeral director Nate Funeral Home

(b) Address K.C. Kansas

19. (a) 5-25-43 (b) W. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 4527 State Line
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 5 minute a M.

21. I hereby certify that I attended the deceased from May 25
1943, to May 25, 1943
that I last saw him alive on May 25, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death drowning Duration 25 min

Due to Intrauterine

Due to respiration

Other conditions 161 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature W. M. Brown (M. D. or other)
Address 103 1/2 W. 1st St. Date signed 5/27/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3991

P. O. Address. 309 E 67th St
H. P. M. Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.